

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/502510

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED      AFTER  
1ST AMENDMENT      AFTER  
2ND AMENDMENT

IND.      DEP.      IND.      DEP.      IND.      DEP.

1	/				
2	/				
3	/				
4	/				
5	/				
6	/				
7	/				
8	/				
9	/				
10	/				
11	3				
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26	/				
27					
28					
29					
30					
31					
32					
33					
34					
35					
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					

TOTAL  
IND. 13

TOTAL  
DEP. 28

CLAIMS 28

PTO-1860 (3-78)

*	*	*	*
51			
52			
53			
54			
55			
56			
57			
58			
59			
60			
61			
62			
63			
64			
65			
66			
67			
68			
69			
70			
71			
72			
73			
74			
75			
76			
77			
78			
79			
80			
81			
82			
83			
84			
85			
86			
87			
88			
89			
90			
91			
92			
93			
94			
95			
96			
97			
98			
99			
100			
TOTAL IND. 13			
TOTAL DEP. 28			
CLAIMS 28			

MADE FOR ADDITIONAL DRAWINGS OR AMENDMENTS

BEST AVAILABLE COPY